

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 02 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P97000076794 (1)

1. Corporation Name  
GLOBAL IMAGE, INC.

Principal Place of Business

Mailing Address

216 SUMMERWOOD TRAIL  
MAITLAND FL 32751

216 SUMMERWOOD TRAIL  
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1997

4. FEI Number

59-3469817

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

7. This corporation owes or has paid the agent's fee for this filing.

☐ Yes ☒ No

8. This corporation owes or has paid the agent's fee for this filing.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STELLING, ANITA C  
216 SUMMERWOOD TRAIL  
MAITLAND FL 32751

81 Name Anita C. Stelling  
82 Street Address (P.O. Box Number is Not Acceptable) 216 Summerwood Trail  
83 City Maitland  
84 State FL  
85 Zip Code 32751

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | President/CEO/Owner  | <input type="checkbox"/> DELETE |
| NAME           | Anita Stelling       | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 216 Summerwood Trail | <input type="checkbox"/> DELETE |
| CITY-ST-ZIP    | Maitland, FL 32751   | <input type="checkbox"/> DELETE |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      | <input type="checkbox"/> DELETE |
| STREET ADDRESS |                      | <input type="checkbox"/> DELETE |
| CITY-ST-ZIP    |                      | <input type="checkbox"/> DELETE |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      | <input type="checkbox"/> DELETE |
| STREET ADDRESS |                      | <input type="checkbox"/> DELETE |
| CITY-ST-ZIP    |                      | <input type="checkbox"/> DELETE |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      | <input type="checkbox"/> DELETE |
| STREET ADDRESS |                      | <input type="checkbox"/> DELETE |
| CITY-ST-ZIP    |                      | <input type="checkbox"/> DELETE |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      | <input type="checkbox"/> DELETE |
| STREET ADDRESS |                      | <input type="checkbox"/> DELETE |
| CITY-ST-ZIP    |                      | <input type="checkbox"/> DELETE |

|                    |  |   |
|--------------------|--|---|
| 1.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.1 NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.3 STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.4 CITY-ST-ZIP    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.3 STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.4 CITY-ST-ZIP    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.3 STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.4 CITY-ST-ZIP    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.3 STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.4 CITY-ST-ZIP    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.3 STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.4 CITY-ST-ZIP    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.3 STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.4 CITY-ST-ZIP    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anita C. Stelling 3/30/98 405-230-9875

CR2E034 (10/97)